

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213535405				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: BENCHMARK COMMUNITY BANK</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ROBERT E. HAWTHORNE 110 S. BROAD STREET P.O. BOX 603</p> <p>KENBRIDGE, VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2013</p> <p>SCC ID NO: 02916914</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>400,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	400,000
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COMMON	400,000					
<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LUNENBURG COUNTY</p>						
<p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p>						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 100 S BROAD ST PO BOX 569</p> <p style="text-align: center;">CITY/ST/ZIP: KENBRIDGE, VA 23944</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL O WALKER TITLE: PRESIDENT ADDRESS: PO BOX 569 CITY/ST/ZIP/CO: KENBRIDGE, VA 23944 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MICHAEL O WALKER TITLE: PRESIDENT ADDRESS: PO BOX 569 CITY/ST/ZIP/CO: KENBRIDGE, VA 23944	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EAR H. CARTER, JR. DIRECTOR P. O. BOX 569 KENBRIDGE, VA 23944	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY JANE ELKINS DIRECTOR P. O. BOX 569 KENBRIDGE, VA 23944	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES F. SIMMONS DIRECTOR P. O. BOX 569 KENBRIDGE, VA 23944	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH M. WINN DIRECTOR P. O. BOX 569 KENBRIDGE, VA 23944	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Cal Spencer DIRECTOR P. O. Box 569 100 S. Broad Street Kenbridge, VA 23944	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark Southall DIRECTOR P. O. Box 569 100 S. Broad Street Kenbridge, VA 23944	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ NEIL BURKE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NEIL BURKE, CFO/CASHIER PRINTED NAME AND CORPORATE TITLE	7/30/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			